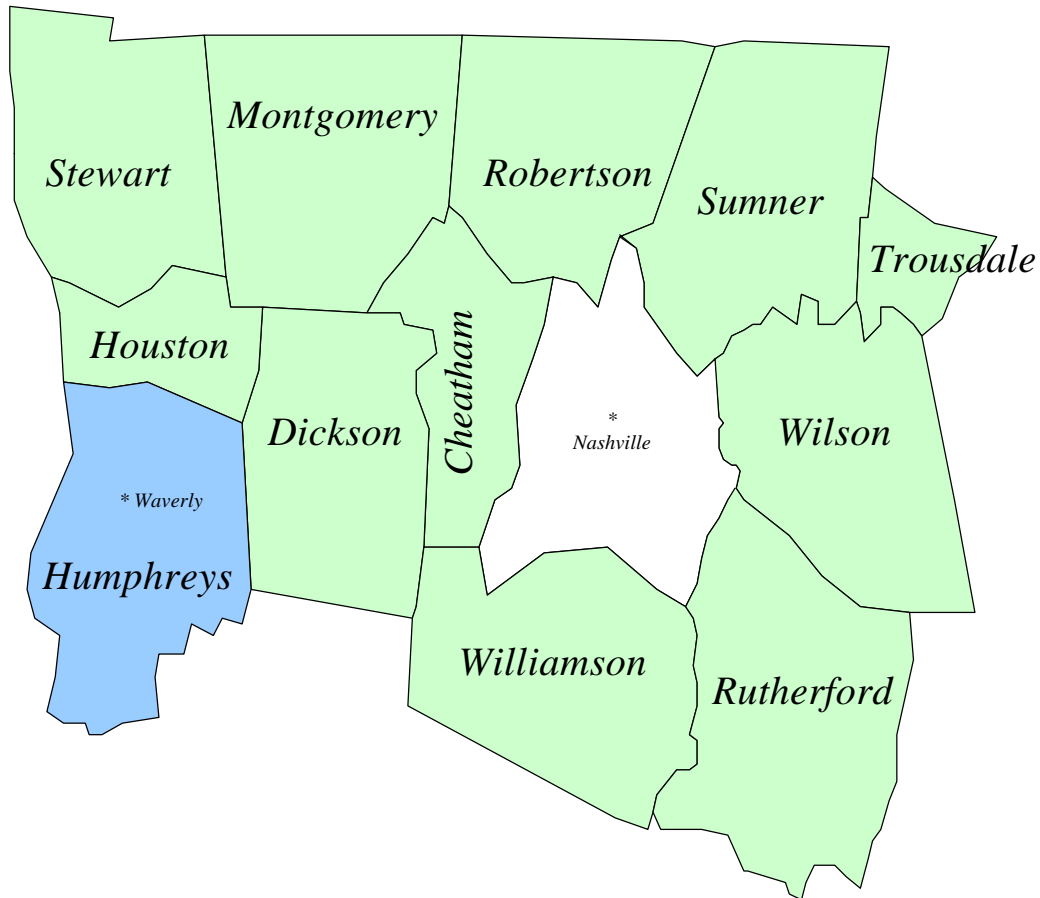


Community Diagnosis Status Report



Humphreys County

Tennessee Department Of Health
Mid-Cumberland Region
December 1998

Introduction

Mission

The mission of Community Diagnosis is to develop a community-based, community-owned process to:

- ❑ Analyze the health status of the community
- ❑ Evaluate the health resources, services, and systems of care within the community
- ❑ Assess attitudes toward community health services and issues
- ❑ Identify priorities, establish goals, and determine a course of action to improve the health status of the community
- ❑ Establish a baseline for measuring improvement over time

The Community Diagnosis Process

A simple definition used by the North Carolina State Center for Health and Environmental Statistics of a community diagnosis is “a means of examining aggregate health and social statistics, liberally spiced with knowledge of the local situation, in order to determine the health needs of the community”. Significant input from county residents is necessary to conduct a community diagnosis most effectively. The State has an abundance of data to be studied during this process, however the process can only be a success if there is community “buy-in.” Thus, the need for the formation and participation of a county health council is an important part of the process.

A community-based “Community Diagnosis” process should prompt the county health council to ask: Where is the community now? Where does it want to go? How will it get there? It is evident that the community diagnosis process and its outcomes should, at a minimum:

- ❑ Provide justification for budget improvement requests submitted to the State Legislature
- ❑ Provide to state-level programs and their regional office personnel information that fosters better planning, promotion, and coordination of prevention and intervention strategies at the local level
- ❑ Serve health planning and advocacy needs at the community level (Here, the community leaders and local health departments provide the leadership to ensure that documented community health problems are addressed)

The end result of the process will be a set of prioritized health goals and proposed interventions to address the needs of the community. The Tennessee Department of Health is committed to assisting communities throughout our state in finding the answers to these questions via the community diagnosis process. This document will explain the community diagnosis process and outcomes for Humphreys County. We also hope to give a historical perspective and details of the Council and its formation.

History

The Humphreys County Health Council was developed after a meeting between representatives from the Tennessee Department of Health and the Humphreys County Executive. After this collaboration in May 1997, a list of potential council members was acquired and presented to the Community Development Staff at the Mid-Cumberland Regional Office. Prospective members were contacted and invited to a meeting to be held in June 1997. At this meeting, prospective members were introduced to the “Community Diagnosis” process and the roles and responsibilities of the newly formed Humphreys County Health Council. The council contains members from various geographic locations, social-economic levels and ethnic groups within the county. A list of current members is included as “Appendix A”.

The Council has met monthly since its inception. Council meetings are scheduled for the fourth Tuesday of each month at the Tennessee River Restaurant, 1105 Broadway, New Johnsonville, Tennessee. Meetings are open to the public from 12:00-1:00 p.m.

Summary

During its first year, the council reviewed and discussed many data sets related to the county’s health status as compared to the State. Members began this process by developing a preliminary list of concerns that appeared to concern a majority of county residents. This list consisted of eleven broad areas. The council formed three subgroups to review the data specific to these concerns and similar problems were linked together for study by one of the three subgroups. Data needed to indicate the degree of the preliminary problem areas was gathered and scrutinized by the council. After reviewing the data and discussing each of these problem areas, the council listed the major problems as substantiated by the statistical data. The council prioritized eight problem areas (see Health Issues and Priorities section).

After determining the major problems in the county, each problem area was ranked based upon their perceived size and seriousness (the number of people affected, the impact on health, and the financial cost). More details related to the priority problems can be found in the Health Issues and Priorities section of this document.

Several activities were undertaken during the assessment phase of the council’s work. Members of one subcommittee determined a Student Alcohol & Drug Survey was needed to determine the extent of the need in this area. In cooperation with the county Drug Alliance, money was raised and cooperation gained from the school system to survey 7th – 12th grade students. The Pride Questionnaire was utilized for the survey. The council acquired individual school survey summaries, in addition to the countywide summary. The Board of Education, the Drug Alliance, the Police Department’s prevention activities, and other community agencies are using the survey results for planning purposes.

Summary (Continued)

Another activity undertaken by a subcommittee involved compiling and producing a Community Resource Directory. This directory will provide agencies and consumers a listing of community health services and detailed information related to each agency, such as eligibility criteria and cost (where applicable).

Finally, the council recognized a major problem in the county related to Motor Vehicle Accidents. The council gathered a group of local and state officials to gain insight into the problem and determine an appropriate course of action to reduce the number of crashes and fatalities in the county. A subcommittee is investigating available resources and possible strategies to implement a highway safety education/awareness emphasis. On the law enforcement side, a grant is being developed by the Governor's Highway Safety Office to improve compliance with driving regulations. If finalized, the Sheriff's Department will acquire a new patrol officer, designated entirely for patrol duty, and a new cruiser equipped with radar and video technology. The Tennessee Highway Patrol has dedicated an additional officer to the county for patrol duty based upon the needs presented by the health council.

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County Description

Demographic And Socioeconomic

1997 Estimated Population: 15,650 Median Age: 38 Largest age group: 45 to 49
 Projected growth rate: -1.3% (1990 through 2000)

Humphreys County's negative growth rate places the county among 35% of Tennessee counties with a projected loss of population during the current decade.

Indicator	Humphreys County	Mid-Cumberland Region	State
Age 65 + (1997)	16%		13%
Minorities (1997)	4%	10%	17%
Family Households	75.8%	78.8%	72.7%
Householders 65 +	25.7%	17.1%	21.8%
High School Graduates	63.5%	71.9%	67.1%
Bachelor's Degree +	9.2%	17.1%	16%
Unemployment Rate	8.4%	5.3%	6.4%
Per capita income (1993)	\$14,709	\$16,579	\$18,439
Persons below poverty level	14.4%	10.5%	15.7%
Age 65+ below poverty level	17.1%	19.3%	20.9%
Families below poverty level:			
with children 18 & below	19.1%	12%	20.7%
Persons with TennCare (1996)	23.5%	14.9%	23.3%

*Statistics from the 1990 Census unless otherwise noted by year.

Humphreys County's is projected to experience a negative growth rate through the year 2000. The actual decrease is projected to be about 200 residents during the 1990's. Statistics reveal resident's educational levels, per capita income, and unemployed status are significantly below the Region and State average. In addition, poverty rates for the county are higher than the Region average but slightly lower than the State rate.

Medical Community

1996 Manpower Data

Health Professional	Number of Professionals	Population Per Professional
Medical Doctors	11	1,516
Primary Care M.D.'s	8	2,084
Psychiatric Specialist	-	-
Dentists	4	4,169
Psychologists	-	16,675

Medical Community (Continued)

1996 Hospital Data

Number of Facilities	1	Number Medicaid/TennCare Certified	1
Licensed Beds	42	Licensed Percent Occupancy	21.0
Staffed Beds	42	Staffed Percent Occupancy	21.0
Average Daily Census	9	Average Length of Stay	4.8
Total Expenses	\$5,078,305	Total Net Revenue	\$4,254,799
Operating Costs (Per Patient Day)	\$603	Percent of Charity Care	0

1996 Hospital Utilization Data

	Most Used	Second Used	Third Used
County Of Hospital	Davidson	Humphreys	Dickson
Number of Admissions/Discharges	1,052	603	424
Percent of Admissions/Discharges	47.8	27.4	19.3

1996 Nursing Home Data

Number of Facilities	3	Number Medicaid Certified	3
Admissions	201	Percent Population 65+ in Nursing Home	5.4
Average Length of Stay	237	Turnover Rate	1.14
Licensed Beds	176	Staffed Beds	176
Licensed Percent Occupancy	93.8	Staffed Percent Occupancy	93.8
Licensed Beds Per 1,000 pop. 65 +	66.7	Staffed Beds Per 1,000 pop. 65 +	66.7

1996 Nursing Home Utilization Data

	Most Used	Second Used	Third Used
County Of Nursing Home	Humphreys	Dickson	Benton
Number of Patients	120	11	5
Percent of Patients	84.5	7.7	3.5

Community Needs Assessment

Primary Data

Three surveys were conducted to gather information from residents about health services, issues and concerns in the county. Information specific to the issues most frequently identified as a “major problem” in the surveys formed the basis of the county’s “Preliminary List” of priority health problems. After formulating this list, the council gathered and reviewed pertinent statistical data (secondary data) to determine the degree of each problem.

❑ Behavior Risk Factor Survey (BRFS)

The BRFS is a randomly selected representative sample of the residents of the county. This is a telephone interview survey modeled after the BRFS conducted by the Centers for Disease Control. The BRFS collects information from adults on health behaviors and preventive practices related to several leading causes of death such as chronic diseases, injury, and HIV infection.

Adults are randomly selected using digit-dialed telephone surveys and are questioned about their personal health practices. In addition they were asked to rate various community health issues. A Likert scale was used with respondents identifying issues as a definite problem, somewhat a problem, not a problem, or not sure.

The 1997 Humphreys County BRFS consisted of 199 completed surveys. Of the respondents, 45% were male and 55% were female. Minorities represented 4% of the respondents. This compares to a 1997 estimated population ratio of 49/51 male to female and a 4% minority population as determined by the Office of Vital Statistics. The overall statistical reliability is a confidence level of 90, + or – 6%. A summary of the Humphreys County BRFS is included as Appendix B.

❑ The Community Questionnaire Survey

The community questionnaire survey provides a profile of perceived health care needs and problems facing the community by residents that respond to the survey. The survey includes questions about community issues, the availability of services, and personal health concerns and health care. Members of the council were asked to complete the community survey as well as distribute the survey to other residents in the community. Approximately 100 surveys were distributed, and 28 completed surveys were returned and analyzed.

The Community Questionnaire Survey is not a scientific random sample of the community; rather, its purpose is to obtain subjective data from a cross section of the community about health care services, problems, and needs in the county. A summary of the Community Questionnaire Survey is included as Appendix C.

Primary Data (Continued)

□ The Initiating Group Survey

Individuals identified as key informants by local officials (County Executive and the County Health Department Director) completed this survey. These individuals represented the diversity within the county in terms of race, sex, profession, and residence. The “key informants” were invited to attend a community meeting to learn more about the “Community Diagnosis” initiative and consider a commitment to serve on the county health council. The Initiating Group Survey includes questions regarding the county’s strengths, major health problems, and programs and/or resources needed to improve the health status of residents. A summary of the Initiating Group Survey is included as Appendix D.

Secondary Data

The Humphreys County Health Council reviewed an extensive amount of data sets comparing the health status of the county with the Mid-Cumberland Region and the State of Tennessee. The secondary data sets (information already collected from other sources for other purposes) were assembled by the State Office of Assessment & Planning. Data sets that are routinely collected by the Department of Health, as well as other state departments and agencies, were assembled and distributed to council members. Additional comparative information was taken from the Tennessee Commission on Children & Youth’s “Kid’s Count” report, the Tennessee Judiciary’s Statistical Services, the Council of Juvenile and Family Court Judges, the Department of Safety, and the 1997 Youth Risk Behavior Survey. A Data Summary is attached as Appendix E.

□ Mortality and Morbidity

Death and Disease indicators covering the twelve-year period from 1983-1994 were presented for the county, region, and state. This data was presented in chart form using three-year moving averages to smooth the trend lines and eliminate wide fluctuations in year-to-year rates that create distortions. Included in the Mortality and Morbidity were the following indicators:

- | | |
|---|--|
| ▪ Birth Rate | ▪ Pregnancy Rates |
| ▪ Fetal Death Rate | ▪ Percent Births with Low Birthweight |
| ▪ Infant Death Rate | ▪ Percent Births with High Risk Characteristics |
| ▪ Neonatal Death Rate | ▪ Crude Mortality Rate |
| ▪ Female Breast Cancer Mortality Rate | ▪ Motor Vehicle Accident Death Rate |
| ▪ Violent Death Rate | ▪ Nonmotor Vehicle Accident Death Rate |
| ▪ Vaccine Preventable Disease Rate | ▪ Tuberculosis Disease Rate |
| ▪ Chlamydia Rate | ▪ Syphilis Rate |
| ▪ Gonorrhea Rate | ▪ Leading Causes of Death Rate (Ages 1-4) |
| ▪ Leading Causes of Death Rate (Ages 5-14) | ▪ Leading Causes of Death Rate (Ages 15-24) |
| ▪ Leading Causes of Death Rate (Ages 25-44) | ▪ Leading Causes of Death Rate (Ages 45-64) |
| ▪ Leading Causes of Death Rate (Ages 65 +) | ▪ Leading Causes of Death (Based on “Years of Productive Life Lost”) |
| ▪ Cancer Incidence Rate (1990-1992) | |

Secondary Data (Continued)

□ Program data from other state departments

Data collected from other state departments and reviewed by the health council included the following:

- Percent of students receiving Special Education
- Rate of children under 18 committed to State Custody
- DUI convictions
- Child Abuse and Neglect Rate
- Criminal Court Filings
- Disability Status
- Manpower & Facility Data
- Percent of children under 18 referred to Juvenile Court
- Local Health Department utilization of services
- Traffic Crashes and Fatalities
- Divorce Rate
- Juvenile Court Cases
- High School Dropout Rates
- Domestic Violence Data

Health Issues and Priorities

Preliminary List

After reviewing the primary data sets, the county health council listed those issues they considered the major problems in the county. This list was achieved by group consensus. Below in alphabetical order is the list of thirteen problems selected by the council for review.

- ❑ Alcohol, Tobacco, and Other Drugs
- ❑ Cancer
- ❑ Domestic Violence
- ❑ Few Services for the Elderly (No Assisted Living or Adult Day Care)
- ❑ Lack of Access to Prenatal Care (No OBGYN)
- ❑ Lack of Community Education on all Health Issues
- ❑ Lack of Physical Fitness Center for Residents
- ❑ Lack of Physicians accepting resident's MCOs
- ❑ Lack of Social Activities for Residents (No YMCA/Youth or Community Center)
- ❑ Lack of Stress Management Education
- ❑ Limited Child-Care Facilities
- ❑ Poor Self-Esteem evident in children (obvious in court cases)
- ❑ Teen Pregnancy

Priority Problems List

The Humphreys County Health Council reviewed a considerable amount of data related to the health status of its residents during 1997 and 1998. A summary of data pertaining to each of the preliminary problem areas was assembled to determine the degree of each problem. Three subgroups were formed to collect and review data associated with the problem areas identified by the council. After reviewing the data, the council identified those problems considered to be the major concerns for the county.

To establish the priorities among the identified health problems, the council used a modified version of the J.J. Hanlon method. The eight identified problem areas were ranked 1 through 8 in two categories: size and seriousness (the number of people affected, the impact on health, and the financial cost). The rank assigned in each category was based on each member's perception of the problem from personal awareness and the available data. The rankings for each category were combined to provide a total score for each problem. The problem area with the lowest total score became the individual's #1 ranked problem, and the problems area with the highest total score became the individual's #8 ranked problem. All member score sheets were combined in the same manner to obtain the council's priority problem rankings. The priority problems, including the rank, score, and supporting data utilized to validate each problem area are provided below.

Priority Problems List (Continued)

1. Motor Vehicle Accidental Deaths (40 points)

- ❑ Motor Vehicle Accidental Deaths are elevated 104%-168% above the State rate during 1993-1995 and 1994-1996 three-year average period (Healthy People 2000 Indicators). This ranked the county with the 10th and 2nd highest rate of MVA deaths in the state during these time-frames.
- ❑ The Fatal Crash Rate during 1994-1996 ranked 20th worse in the state and indicated as having Greater than Average Rate of Problems. (Source: The University of Memphis Crash Analysis and Reporting Environment)
- ❑ The Injury Crash Rate during 1994-1996 ranked 32nd worse in the state and indicated as having Greater than Average Rate of Problems. (Source: The University of Memphis Crash Analysis and Reporting Environment)
- ❑ The Young Driver Crash Rate during 1994-1996 ranked 49th worse in the state and indicated as having Greater than Average Rate of Problems. (Source: The University of Memphis Crash Analysis and Reporting Environment)
- ❑ The Alcohol Crash Rate during 1994-1996 ranked 45th worse in the state and indicated as having Greater than Average Rate of Problems. (Source: The University of Memphis Crash Analysis and Reporting Environment)
- ❑ The Percent of Children Unrestrained in a Crash during 1994-1996 ranked 19th worse in the state and indicated as having Greater than Average Rate of Problems. (Source: The University of Memphis Crash Analysis and Reporting Environment)
- ❑ The Percent of Occupants above Age 4 Unrestrained in a Crash during 1994-1996 ranked 23rd worse in the state and indicated as having Greater than Average Rate of Problems. (Source: The University of Memphis Crash Analysis and Reporting Environment)

2. Substance Abuse (42 points)

- ❑ Student use of Alcohol, Tobacco, and Other Drugs is elevated above the National Average in many categories (Source: 1998 Humphreys County Pride Survey):
 - 7th graders use of cigarettes (7% above)
 - 11th graders use of alcohol (5% above)
 - 12th graders use of marijuana (10% above)
 - 11th graders use of LSD (3% above)
 - 11th graders use of Cocaine (8% above and double the National Average)
 - 12th graders use of Cocaine (7% above and double the National Average)
- ❑ Adolescent Problem Behavior Indicators used for the Governor's Prevention Initiative:
 - Teen (10-17) Pregnancies are 40%-34% below TN (1993-1995/1994-1996)
 - Teen (15-19) Violent Deaths are 7%-78% above TN (1993-1995/1994-1996)
 - Children Entering State Custody are 20%-37% above TN (1993-1995/1994-1996)
 - High School Dropouts (9th-12th) are 38%-26% below TN (1993-1995/1994-1996)
 - Children Referred to Juvenile Court are 18% below-4% above TN (1995/1996)

Priority Problems List (Continued)

Substance Abuse (Continued)

- ❑ Juvenile Court Violent Crime Cases (Murder/Aggravated Assault/Rape/Robbery) in 1996 were 49% above TN (8 cases)
- ❑ Juvenile Court DUI Cases in 1996 were 104% above TN (2 cases)
- ❑ Juvenile Court Public Intoxication Cases in 1996 were 100% above TN (4 cases)
- ❑ Criminal Court Property Crime Filings were 29%-43% above TN (1995-1996/1996-1997)
- ❑ Criminal Court DUI/Other Motor Vehicle Offenses are 22%-8% below TN (1995-1996/1996-1997)
- ❑ Unemployment rate (10-1997) is 3.5%-3.1% above the U.S. - TN rate

3. Lack of Character (Children & Youth) [43 points]

- ❑ Student use of Alcohol, Tobacco, and Other Drugs is elevated above the National Average in many categories:
 - 7th graders use of cigarettes (7% above)
 - 11th graders use of alcohol (5% above)
 - 12th graders use of marijuana (10% above)
 - 11th graders use of LSD (3% above)
 - 11th graders use of Cocaine (8% above and double the National Average)
 - 12th graders use of Cocaine (7% above and double the National Average)
- ❑ Adolescent Problem Behavior Indicators used for the Governor's Prevention Initiative:
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 - Teen (15-19) Violent Deaths are 7%-78% above TN (1993-1995/1994-1996)
 - Children Entering State Custody are 20%-37% above TN (1993-1995/1994-1996)
 - High School Dropouts (9th-12th) are 38%-26% below TN (1993-1995/1994-1996)
 - Children Referred to Juvenile Court are 18% below-4% above TN (1995/1996)
- ❑ Juvenile Court Data indicates the following problem areas:
 - Juvenile Court Violent Crime Cases (Murder/Aggravated Assault/Rape/Robbery) in 1996 were 49% above TN (8 cases)
 - Juvenile Court DUI Cases in 1996 were 104% above TN (2 cases)
 - Juvenile Court Public Intoxication Cases in 1996 were 100% above TN (4 cases)
- ❑ The Humphreys County Pride Survey (1998) indicates the following problem areas:
 - 3.5% (37 students) of 7th-12th graders reported carrying a gun to school
 - 50.4% (532 students) of 7th-12th graders reported threatening to harm another student
 - 18.9% (198 students) of 7th-12th graders reported being afraid another student will hurt them at school (14 of these students reported carrying a gun to school)
 - 13.3% (140 students) of 7th-12th graders reported getting hurt at school (14 of these students reported carrying a gun to school)
 - 13.3% (140 students) of 7th-12th graders report taking part in "gang" activities
 - 25.2% (264 students) of 7th-12th graders report getting into trouble with the police

Priority Problems List (Continued)

4. Teen Pregnancy (67 points)

- ❑ The Teen Pregnancy rate is 36%-40%-34% below the state rate respectively during the 1992-1994, 1993-1995, and 1994-1996 timeframe. (Source: Health Statistics and Information, TDH)
- ❑ The Percent of Births with Adolescent (10-17) Mothers is 26% below the state in 1993-1995 and 1994-1996. (Source: Health Statistics and Information, TDH)

5. Cancer (71 points)

- ❑ Lung Cancer (death rate) unstable—Changed from 6% above to 3% below TN between 1993-1995 (average 14 deaths annually) and 1994-1996 (average 14 deaths annually).
- ❑ Cancer Incidence Rate (all sites) is elevated 8% above TN in *1993 (Lung =10% above, Female Breast = 6% above, Prostate = 17% above, Bladder = 93% above TN)
* Most current data available from Vital Statistics, TDH
- ❑ An estimated 54% of adult residents considered themselves a “smoker” at some time. (1997 BRFs) Currently, it is estimated that 32.5% of residents are smokers. Male smokers represent 31.6% and female smokers represent 33.3% of the survey population. It is estimated 26.5% of Tennesseans smoke cigarettes

6. Child Abuse & Neglect (71 points)

- ❑ The Child Abuse & Neglect rate is 24% and 94% above the state rate respectively during 1994 and 1995. (Source: Kids Count)
- ❑ Children Entering State Custody are 20% and 37% above the state rate respectively during the 1993-1995 and 1994-1996 timeframe. (Source: Health Statistics and Information, TDH)

7. Limited Childcare Services (82 points)

- ❑ The Unemployment rate (July 1998) is 3.2%-3.6% above the U.S. and State rate respectively. (Source: Department of Employment Security)
- ❑ The Child Abuse & Neglect rate is 24% and 94% above the State rate during 1994 and 1995 respectively. (Source: Kids Count)
- ❑ According to local providers, long waiting lists exist for parents seeking access to current childcare services.

8. Suicide (88 points)

- ❑ The Suicide rate is 56% and 41% above the state rate respectively during the 1993-1995 and 1994-1996 timeframe. (Source: Health Statistics and Information, TDH)
- ❑ 9% (94 students) of 7th-12th graders report thinking often or a lot about committing “suicide” (Source: The 1998 Humphreys County Pride Survey)

Future Planning

Process

After ranking the major health problems in the county, the council continues to address the priority problems through subcommittees. In addition to the existing subcommittees, Motor Vehicle Safety and Community Resource Directory, a third group was formed to examine Tobacco Use Prevention and Control strategies.

The council addressed several issues during the assessment phase of the “Community Diagnosis.” The county’s high rate of Motor Vehicle Accident Deaths was analyzed to determine possible strategies to reduce this problem. Local law enforcement agencies, the county executive, the Tennessee Highway Patrol, the Department of Safety, and a State Representative were called upon to assist the council develop plans that would be effective to reduce the MVA death rate in the county.

Other activities undertaken during the assessment phase of the council’s work included development of a Community Resource Directory and implementing a student survey (PRIDE). Members of one subcommittee determined a Student Alcohol & Drug Survey was needed to determine the extent of the problem in this area. In cooperation with the county Drug Alliance, money was raised and cooperation gained from the school system to survey 7th – 12th grade students. The Pride Questionnaire was utilized for the survey and individual school survey summaries, in addition to the countywide summary, were purchased. The survey results are being used by the Board of Education in a grant application to hire a full-time alcohol and drug counselor for the school system. Additionally, each school is planning student services based on the outcome of the survey.

Another subcommittee surveyed the community and produced a Community Resource Directory. This directory will provide agencies and consumers a listing of community services and detailed information related to eligibility criteria and cost (where applicable).

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Appendix A

Humphreys County Health Council

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Baptist Three Rivers Hospital

Ms. Jean Burns
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296-4203

Board Of Education

Ms. Alison Daniel, School Nurse
Ms. Ava Moore, Special Education
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Waverly City Police

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Physician

David Chambers, MD
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296-4577

Waverly Church of Christ

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- Mid-Cumberland Regional Health Council Representative

Humphreys County Health Council (Continued)

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Ms. Sandy Spencer, Nursing Supervisor
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296-2231

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Ms. Brenda Palk
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County Commissioner/M.R.

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Youth Representative

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582-3319

Appendix B

Behavioral Risk Factor Survey (Summary)

Demographics

A total of 199 residents of Humphreys County responded to the telephone survey conducted by the University of Tennessee. The group surveyed had the following characteristics:

Age Group	Gender	Race	Education	Marital Status	Kids
Under 30 20%	Male 45%	White 96%	None 1%	Married 67%	0 - 61%
30 - 45 32%	Female 55%	Black 3%	1 - 8 8%	Divorced 11%	1 - 18%
45 - 65 36%		American	9 - 11 11%	Widowed 8%	2 - 17%
65 & over 13%		Indian 1%	HS Graduate 51%	Separated 1%	3 - 4%
		Asian 1%	Some College 18%	NM 13%	4 + 1%
			College Grad. 12%		

Definite Problems

The ten community problems rated most frequently as a “definite problem” by respondents are as follows:

Rank	Definite Problem	Percent of Respondents
1	Health Problems of Lungs	62%
2	Cancer	45%
3	Alcohol Abuse	38%
4	Teen Pregnancy	33%
5	Arthritis	32%
5	Environmental Issues	32%
5	Heart Conditions	32%
5	High Blood Pressure	32%
6	Drug Abuse	30%
6	Obesity	30%

Behavioral Indicators

- **Cigarette smokers:** Fifty-four (54) percent of respondents report they have considered themselves a “smoker” at some time. Currently, 32.5% of the respondents are smokers. Male smokers represent 31.6% and female smokers represent 33.3% of the survey population.

Behavioral Indicators (Continued)

- It is estimated 26.5% of Tennesseans smoke cigarettes: 28% male and 25.1% female. Lung cancer is the leading cause of cancer deaths in the United States for both men and women. In the publication “Tennessee’s Healthy People 2000,” Humphreys County averaged 14 lung cancer deaths between 1993-1995. This amounted to a 51.7 rate per 100,000 population and a ranking of 41st in the State for deaths from lung cancer. The county rate is 6% higher than the State rate of 48.7. The county rate is 23% higher than the Year 2000 National Objective of 42.0 deaths from lung cancer per 100,000 population.
- **Mammograms:** Of those females surveyed in Humphreys County, 41% of ages 30-45 and 74% of ages 45-65 have had a mammogram. Of those females having a mammogram, 66% were performed in the past year and 82% were performed within the past two years. As a comparison, 58.7% of Tennessee women over 50 have had a mammogram and clinical breast exam in the past two years (Tennessee BRFS 1995).
- **Clinical Breast Exam:** Seventy-five (75) percent of females ages 30-45 and 91% of females ages 45-65 have had a clinical breast exam. Of those females having a clinical breast exam, 71% were performed within the past year and 84% were performed within the past two years. For purposes of comparison, 90% of females ages 30-45 and 84% of females ages 45-65 in Cheatham County have had a clinical breast exam.
- Humphreys County’s Female Breast Cancer Mortality Rates (1993-1995) are #64 in the State of Tennessee. Breast cancer is the second leading cause of deaths among females in the United States. In the publication “Tennessee’s Healthy People 2000,” Humphreys County averaged 3 deaths from female breast cancer between 1993-1995. This amounts to a rate of 19.6 per 100,000 population. The county’s rate is 13% below the state rate and 5% below the Year 2000 National Objective of 20.6 deaths per 100,000 population from Female Breast Cancer. Early detection and intervention can reduce breast cancer mortality by as much as 30 percent.
- **Pap Smear:** Ninety-five (95) percent of all female respondents in the county report having a Pap smear. Of that number, 67% of the procedures were performed within the past year, and 79% were performed within the past two years. As a comparison, 84.1% of Tennessee women had a pap smear within the past three years (Tennessee BRFS).
- **Health Care Coverage:** Ninety (90) percent of the county respondents report they have health care coverage of some kind. However, 40% feel their coverage limits the care they receive and 14% report they needed to see a doctor but could not because of the cost. According to the 1995 Behavioral Risk Factor Surveillance Data, 11.3% of all Tennessee residents are estimated to have no health care plan and 12.3% were unable to see a doctor due to cost.
- **Quality Of Health:** Sixty-nine (69) percent of the respondents had a checkup within the past year, and 83% had a checkup within the past two years. Sixty-four (64) percent of the respondents indicated their quality of health as “good” or better while thirty-two (32) percent reported their quality of health as “fair or poor.” As a comparison, 17.7% of residents statewide rated their general health status as fair to poor (1995 Tennessee BRFS).

Behavioral Indicators (Continued)

- ***Cardiovascular disease antecedents:*** Heart disease and stroke cause more deaths than all other diseases. The major modifiable risk factors for cardiovascular disease are high blood pressure, high blood cholesterol, cigarette smoking, and sedentary lifestyle. According to the 1994 Behavioral Risk Factor Surveillance Data, Tennessee estimates 65.6% of its residents have a sedentary lifestyle. The 1995 BRFS, of Tennessee residents, indicates 35.4% are obese, 26.7% were told they had high blood pressure, 18.7% were told by a health professional their cholesterol was too high, and 26.5% are currently smokers. In Humphreys County, 21% indicated they have had high blood pressure, 17% had been given advice to lose weight, and 32.5% are current smokers.
 - People with ***Diabetes*** are 2 to 4 times more likely to have heart disease (more than 77,000 deaths due to heart disease annually). And they are 5 times more likely to suffer a stroke (more than 11,000 diabetes-related stroke-deaths each year).¹ Seven (7) percent of the respondents report they or a household member have had diabetes. By comparison, 5.2% of statewide residents were told by a doctor they had Diabetes (1995 Tennessee BRFS).
 - In the publication “Tennessee’s Health People 2000,” Humphreys County averaged 51 deaths from Coronary Heart Disease between 1993-1995. This amounted to a rate of 142.9 per 100,000 population. This county rate is 7% higher than the Tennessee rate of 133.6. In 1994, Tennessee’s “Heart Disease Deaths” were 15% higher than the United States. The Humphreys County rate is 43% higher than the Year 2000 National Objective of 100.0 deaths per 100,000 population from Coronary Heart Disease. Also in this publication, Humphreys County averaged 12 deaths from stroke between 1993-1995. The county rate of 27.4 per 100,000 population is 24% below the Tennessee rate of 35.9 but 37% higher than the Year 2000 National Objective of 20.0 deaths per 100,000 from Stroke.

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Appendix C

The Community Questionnaire Survey (Summary)

Demographics

A total of 28 surveys were analyzed. The following information provides the characteristics of the respondents to the survey.

❑ Years Lived In The County:	Over 10 Years = 89%	1 To 5 Years = 7%
❑ Marital Status:	Married = 79%	Divorced = 14%
❑ Age Group:	50-59 years = 36%	40-49 years = 32%
❑ Gender:	Female = 71%	Male = 29%
❑ Ethnic Group:	White = 79%	No Response = 21%
❑ Education:	High School = 32%	College = 34%
❑ Occupation:	Health Care = 19	Service = 23%
❑ Income:	\$30 - 49.9 K = 29%	\$10 - 29.9 K = 24%

Definite Problems Indicated

Rank	Problem	Percent of Respondents
1	Smoking	86%
1	Teen Alcohol/Drug Abuse	86%
2	Smokeless Tobacco	82%
3	Adult Alcohol Abuse	75%
4	Adult Drug Abuse	71%
5	Breast Cancer	64%
6	Other Cancer	61%
6	Teen Pregnancy	61%
7	Stress	57%
8	Heart Conditions	54%
8	High Blood Pressure	54%
8	Lung Cancer	54%
9	Domestic Violence	50%
10	Unemployment	46%
10	Obesity	46%
11	Arthritis	43%
11	Colon Cancer	43%
11	Motor Vehicle Deaths	43%

Other Results

❑ Availability of Services

Adequate

- | | |
|---|--------------------------------------|
| ▪ Pharmacy Services (89%) | ▪ Dental Care (82%) |
| ▪ Home Health Care (68%) | ▪ Ambulance/Emergency Services (64%) |
| ▪ County Health Department Services (64%) | ▪ Local Family Doctors (64%) |
| ▪ Nursing Home Care (64%) | ▪ Emergency Room Care (61%) |
| ▪ Hospital Care (61%) | ▪ Meals On Wheels (57%) |
| ▪ Pediatric Care (57%) | ▪ Eye Care (46%) |

Not Adequate

- | | |
|---------------------------------|--------------------------------------|
| ▪ Recreational Activities (71%) | ▪ Specialized Doctors (61%) |
| ▪ Women's Health Services (61%) | ▪ Child Day Care (50%) |
| ▪ Eye Care (50%) | ▪ Alcohol/Drug Treatment (46%) |
| ▪ Health Insurance (46%) | ▪ Child Abuse/Neglect Services (39%) |
| ▪ Emergency Room Care (39%) | ▪ Mental Health Services (39%) |

Don't Know

- | | |
|--|-------------------------------------|
| ▪ Day Care for Home Bounty Patients (43%) | ▪ Mental Health Services (39%) |
| ▪ Child Abuse/Neglect Services (36%) | ▪ Family Planning (36%) |
| ▪ Health Education/Wellness Services (29%) | ▪ Medical Equipment Suppliers (29%) |
| ▪ Pregnancy Care (29%) | ▪ School Health Services (29%) |

❑ Personal Information

- Hospital Used: Baptist 3 Rivers = 39%, Nashville = 25%, Not Reported = 25%
- Health Issues: High Blood Pressure = 18%, Heart Disease/Cancer = 7%, Diabetes = 4%
- Health Status: Excellent = 7%, Very Good = 50%, Good = 25%, Fair & Poor = 11%

Appendix D

The Initiating Group Survey

□ Strengths of Humphreys County

- Strong County Government Support
- Concerned and Involved Citizenry
- Positive County Executive Leadership
- Local Physicians
- Two Nursing Homes
- “Geriatric” Partial Hospitalization
- Numerous Home Health Agencies
- Strong Religious and Educational Base
- Employment Opportunities
- Recreational Facilities
- Strong Network Between Social Agencies
- Good Leadership
- Strong Existing Industry
- Good Medical Facility (Backed by Baptist)
- A Few Active Community Services Programs
- Skilled Nursing Unit
- “Just Say No” Program
- Future Community College
- Interstate Access to Nashville & Jackson
- Small Population

□ Major Health Problems in the County

- High Rate of Alcohol Use (4)
- Teen Pregnancy (2)
- Allergies
- Head Lice
- HIV and AIDS
- Access to Prenatal Care
- Living Conditions of Poor & Aged Residents on Public Assistance
- Lack of Physicians Participating in Insurance Plans of Residents
- Drugs (3)
- High Cancer Rate (2)
- Auto Crash Injuries
- Heart Disease
- Teen Use of Tobacco
- Lack of Proper Nutrition
- Hospital Doesn’t Take TennCare MCO Plans that are Currently Open for Enrollment
- Hospital Doesn’t Deliver Babies

□ Ways Health of Citizens Could Be Improved

- Reduce Auto Crashes
- More Wellness Programs
- More Awareness & Prevention Services
- More Health Education (Diet & Nutrition)
- Education Regarding Available Resources and How to Utilize Them
- OB/GYN Provider for Prenatal and Delivery Services for Women who cannot travel to other areas
- Better Pollution Control
- Cardiac Rehab Program
- Educate Parents about Teens & Drugs
- Stronger Health-Related School Programs
- Addition of Needed Medical Equipment at the Hospital
- Maintain good Networking relationships between Social Agencies and Health Agencies

□ Additional Resources Needed To Improve Health Care

- Involve County Government
- Better TennCare Relationships with Private Physicians to serve residents
- More Assisted Living for Seniors with Limited Retirement Income (Risk of Substandard Living Conditions)

Appendix E

Humphreys County Data Summary

I. Mortality Data

About seventy-five percent of all deaths are caused by heart disease, cancer, and stroke. Death rates from heart disease declined during the last twenty years while death rates from cancer increased during that period. According to Tennessee's Healthy People 2000, Humphreys County's **Deaths From All Causes** is 10% higher than the State rate (1993-1995). The following information compares the leading causes of death in the State of Tennessee with Humphreys County:

- **Diseases of the Heart** are the leading cause of death throughout the nation. The county rate of deaths from Heart Disease (1993-1995) is 7% higher than the Tennessee rate (133.6 deaths per 100,000 population) and 43% above the Year 2000 National Objective (100 deaths per 100,000 population). The major modifiable risk factors for cardiovascular disease are high blood pressure, high blood cholesterol, and cigarette smoking.
- **Malignant Neoplasms (Cancer)** are the second leading cause of death throughout the nation. Deaths from cancer in the county are 10% higher than the State rate (1995). Lifestyle, environment, and genetic factors, individually or in combination, can increase an individual's risk of developing cancer.
 - ⇒ **Lung Cancer** is the leading cause of cancer deaths for both men and women. The death rate in Humphreys County from lung cancer (1993-1995) is 6% higher than the State rate. The county rate is 23% above the Year 2000 National Objective (42 deaths per 100,000 population).
 - ⇒ **Breast Cancer** is the second leading cause of cancer deaths among women in the U.S. According to Tennessee's Healthy People 2000 (1993-1995), Humphreys County's rate is 13% below the State rate and 5% below the Year 2000 National Objective (20.6 deaths per 100,000 population).
- **Deaths from Stroke** are the third leading cause of death throughout the nation. Stroke are the fourth leading cause of death in Humphreys County. Humphreys County's rate is 24% below the State rate (1993-1995). However, the county rate is 37% above the Year 2000 National Objective (20 deaths per 100,000 population). People with high blood pressure have as much as seven times the risk of a stroke as do those with normal blood pressure. Weight control, smoking cessation, and physical activity are means to reduce the risk of stroke.
- **Accidents and Adverse Effects** are the fourth leading cause of death in the State and the third leading causes of death in Humphreys County (1995). The county rate of deaths from accidents and adverse effects is 164% above the State rate. Deaths from accidents and adverse effects have the greatest impact on premature death in terms of "Years of Productive Life Lost."

Mortality Data (Continued)

- ⇒ **Motor Vehicle Accidental Deaths** (1995) accounted for 53% of deaths occurring by accident or adverse effects statewide and 60% in Humphreys County. However, from 1993-1995 the county's MVA death rates were the 10th highest in the State (averaging 7 per year); the county rate is 104% higher than the State rate and 201% higher than the Year 2000 National Objective (16.8 deaths per 100,000 population). Since 1984, the MVA death rate has been highest in the 15-24 age group. Statewide statistics (1995) show the 15-24 age group MVA death rates are the highest (48.5 per 100,000). Humphreys County death rate of 156.6 per 100,000 population in this age group represents a 223% differential from the State rate in the 15-24 age group. There were 3 MVA deaths in this age group in 1995.
- ⇒ **Nonmotor Vehicle Accidental Deaths** represent 47% of statewide deaths and 40% of county deaths from accidents or adverse effects (1995). The county rate in this category is 125% above the State rate. The 25-44 age group has the highest NVA death rate in the county for 1995 (141.5 per 100,000 population). This rate is 718% above the state rate for this age group. There were 6 NMVA deaths in this age group.

- **Chronic Obstructive Pulmonary Disease And Allied Conditions** are the fifth leading cause of death in the State and the county (1995). The county rate of death from this cause is 31% below the State rate.
- **Violent Death Rates** (homicides and suicides) in the county were 30% lower in the county when compared to the State during the 1992-1994 period. The latest available data (1993-1995) for these categories follows:

- ⇒ The **Homicide** rate in the county is 40% higher than the Region but 26% lower than the State rate. The three year average (1993-1995) for Humphreys County is one (1) homicide per year. The county rate is 22% higher than the Year 2000 National Objective (7.2 deaths per 100,000 population).
- ⇒ The **Suicide** rate in the county is 71% higher than the Region and 56% higher than the State rate. The county rate is among the 12th highest in the State. The county rate is 89% above the Year 2000 National Objective (10.5 deaths per 100,000 population). Currently the most promising approach to suicide prevention is the early identification and treatment of persons suffering from mental disorders.
- ⇒ In the "1995 KIDS COUNT" material from the Tennessee Commission on Children and Youth, the **Teen Violent Death Rate** (Ages 15-19) in Humphreys County is 0 due to no violent deaths in 1994. It should be noted that the leading cause of teen violent death is motor vehicle accidents. The second leading cause of teen violent death is firearm related deaths.

Mortality Data (Continued)

- **Infant Mortality** data reveals Humphreys County's Infant Death rate (1993-1995) is 40% lower than the State rate. The county rate is 21% lower than the Year 2000 National Objective (7.0 infant deaths per 1000 live births). Technology advancements plus early and comprehensive care have contributed to the improvement in infant survival over the past several decades.

II. Morbidity Data

The **Age-Adjusted Cancer Incidence Rates** for all cancer sites (1990-1992) reveals Humphreys County is 4% higher than the Region but 4% lower than the State rate. Lung and Prostate cancer rates in the county for the nonwhite race are significantly higher than the white rates. This may be due to a very small nonwhite population (4%). Lifestyle, environment, and genetic factors, individually or in combination, can increase an individual's risk of developing cancer. An examination of specific cancer sites using the age-adjusted incidence rates reveals the following:

- **White male lung cancer** incidence rates are 5% below the Region and 15% below the State rate. **White female lung cancer** incidence rates are 71% above the Region and 72% above the State rate. The **nonwhite male lung cancer** incidence rate is 28% above the Region and 20% above the State rate. The **nonwhite female lung cancer** incidence rate is 958% above the Region rate and 688% above the State rate.
- **Prostate cancer** incidence rates are 3% lower in Humphreys County as compared with the Region and 13% lower than the State rate. Prostate cancer incidence rates for **white males** are lower than the Region and the State. The **nonwhite male** incidence rate is 132% higher than the Region and 78% above the State rate.
- **Female breast cancer** incidence rates are 40% lower in the county as compared to the Region and 44% lower than the State rate. There was a 0.0 incidence rate for **nonwhite female population** in the county.
- **Colon cancer** incidence rates in the county are 23% above the Region and 16% above the State rate. **White male colon cancer** incidence rates in the county are lower than the Region and the State rate. The **white female colon cancer** rate is 44% higher than the Region and 48% above the State rate. The **nonwhite male population** in the county has a 0.0 incidence rate of colon cancer. The **nonwhite female** incidence rate is 78% higher than the Region and 23% above the State rate.
- **Bladder cancer** incidence rates in the county are 21% higher than the Region and 18% above the State rate. The **nonwhite population** has a 0.0 incidence rate of bladder cancer. The **white male** rate is below both the Region and State rate. The **white female** rate is 183% above the Region and 187% above the State rate.

Morbidity Data (Continued)

Reportable Disease Rates available for the county (1995) include the following:

- The incidence of **AIDS/HIV** cases in Humphreys County has been reported as 5/- (1982-1994). Due to confidentiality, no county information will be released for counties reporting less than five (5) cases. The majority of the AIDS/HIV cases in the State occurred in the four major metropolitan areas because of larger populations.
- The incidence of **Hepatitis B** in the county is 532% lower than the State rate of infection of 13.2 cases per 100,000 population. (The county had one reported case in 1995.)
- The incidence of **Non A Non B Hepatitis** in the county is 36% lower than the State rate of 19.7 per 100,000 population. (The county had two reported cases in 1995.)
- The incidence of **Salmonellosis Non-Typhoid** is 35% lower than the State rate of infection of 9.8 cases per 100,000 population. (The county had one reported case in 1995.)
- The incidence of **Tuberculosis** is 30% lower than the State rate of infection of 9.2 cases per 100,000 population. (The county had one reported case in 1995.)
- No cases were recorded in 1995 of **Hepatitis A, Influenza, Lyme Disease, Measles, Meningitis, Mumps, or Rubella** in Humphreys County.

Sexually Transmitted Disease Rates are serious problems in Metropolitan counties. Humphreys County rates are significantly lower than the State.

- The incidence of **Chlamydia** is 49% less than the State rate of infection.
- The incidence of **Gonococcal Infections** is 98% less than the State rate of infection.
- The incidence of **Syphilis** (1993-1995) in the county is zero (0) as no resident cases were reported. The Year 2000 National Objective is 10.0 cases per 100,000 population.

III. Pregnancy And Birth Data

Many factors influence the health and well-being of newborns and infants. The following risk factor comparison (1992-1994) may assist in detecting areas of strength or needed improvement:

- The **percent of mothers with selected risk factors** (education less than 9 years, education 9-11 years, parity [births] 4+, previous termination, previous live birth now dead, previous live birth within the last 24 months) in Humphreys County, having one or more factors, is 2% lower than the Region and 20% lower than the statewide percentage.

Pregnancy And Birth Data (Continued)

- The ***percent of live births with maternal risk factors*** (smoking, C-Section, weight gain of less than 15 pounds, anemia, diabetes, hypertension, labor/delivery complications, alcohol or drug use) for county residents, having one or more risk factors, is 16% higher than the Region and 9% higher than the statewide percentage. In the ***adolescent age group*** (ages 10-17), the mothers with one or more risk factors is 28% higher than the Region and 24% higher than the State percentage. The percent of mothers in the 18-19 age group, with one or more risk factor, is 31% higher than the Region and 25% higher than the State percentage.
- The ***percent of total births occurring to Adolescent (10-17) Mothers*** in Humphreys County is 4% higher than the Region but 26% lower than the statewide percentage (1993-1995). There is no Year 2000 National Objective. The ***Teen Pregnancy rate*** (per 1,000 women ages 10-17) in the county for 1993-1995 is 29% lower than the Region and 40% lower than the State rate. Adolescents who give birth place themselves and their babies at risk of many health, educational, vocational, and social disadvantages. Adolescents (17 and younger) are twice as likely to deliver low-weight babies (less than 5 1/2 pounds). These low-weight babies are 40 times more likely to die in the first month of life than normal weight babies. Teenage parents are more likely to become dependent on public assistance than those who delay childbearing until their twenties.
- The ***percent of total births with Low Weight Births*** in the county is 23% higher than the Region percentage but 1% lower than the statewide percentage (1993-1995). However, the county percent (8.7) is 75% above the Year 2000 National Objective of 5.0% of all births. Low birthweight is a dangerous condition that has been linked to several preventable risks, including lack of prenatal care, maternal smoking, pregnancy before the age of 18, and alcohol and drug use.
- The ***percent of total births with Late Prenatal Care*** in the county is 20% higher than the Region and 2% higher than the statewide percentage (1993-1995). The county percent (18.5) of late prenatal care is 85% above the Year 2000 National Objective of 10.0. The prenatal period can be the starting time for good health or it may be the beginning of a lifetime of illness and shortened life expectancy. Early prenatal care is critical to improving pregnancy outcomes.

IV. Local Health Department Data

The statistical information below indicates the utilization of services at the Humphreys County Health Department is very similar to those in the Region and the State. ***WIC*** (Women, Infants, and Children) and ***Child Health*** program encounters account for 59.9% of all services in the county compared to 59.5% in the Region and 57.7% statewide. ***Dental services*** are not currently available at the Humphreys County Health Department. A recent assessment of TennCare Dental Coverage (January 1997) prepared by Dr. Michelle Vaughan, Mid-Cumberland Regional Office, Tennessee Department of Health, reveals there are adequate TennCare dental providers in the county for only the Phoenix enrollees (2.8% of the TennCare population). There are no dental providers in the county for the other TennCare MCO's (97.2% of the TennCare population): BC/BS, HealthNet, and Access MedPlus. Statistics are unavailable for the PHP TennCare MCO. There are 3,686 residents enrolled in TennCare

Local Health Department Data (Continued)

(1-4-97). A dental shortage area is calculated at one (1) provider (full time equivalent=40 hours) to 5,000 population or greater.

Program	Humphreys County		Region		State	
	Percent		Percent		Percent	
	1994	1995	1994	1995	1994	1995
Adult Health	19.0	18.2	15.9	17.0	12.9	12.8
CDC	3.6	3.5	6.2	6.5	4.9	6.7
Child Health	31.4	24.5	28.1	22.0	31.1	26.2
CSS	0.8	1.0	0.7	0.7	2.4	2.7
Dental	0.0	0.0	0.7	0.9	1.4	2.7
Family Planning	9.1	9.9	10.6	10.6	10.7	10.2
Non-Clinical	1.9	5.9	1.0	3.7	3.4	5.7
Prenatal	1.5	1.9	1.5	1.3	1.8	1.5
WIC	32.9	35.1	35.3	37.5	31.6	31.5
Total	100.0	100.0	100.0	100.0	100.0	100.0

V. Program Data From Other Departments

The following statistics from other State Departments reveals the county compares relatively well to the Region and State. However, Humphreys County's Child Abuse and Neglect case rate is 43% higher than the Regional rate and 24% higher than the State rate. This may indicate a need to develop proactive strategies in the county that will increase parenting skills before problems related to family management are recognized in abuse statistics.

Other Department Data	County	Mid-Cumberland Region	State
Percent of <i>Children Under 18 Receiving AFDC</i> ('95)	9.1	7.2	14.2
Percent of <i>Children Under 18 Below Poverty</i> (1990)	19.1	12.0	20.7
Percent of Students Participating in School <i>Free Or Reduced Price Lunch</i> Program (1994-1995)	37.0	32.4	49.0
<i>Child Abuse And Neglect</i> Case Rates (1993-1994) per 1,000 Children Under Age 18	12.0	8.4	9.7
Percent of Children <i>Referred To Juvenile Court</i> ('94)	3.0	4.5	4.0
<i>Children Under Age 18 In State Care</i> (1995) (Rate Per 1,000 Children Under Age 18)	5.7	9.9	9.7

Program Data From Other Departments (continued)

Other Department Data	County	Mid-Cumberland Region	State
Percent of <i>Students Receiving Special Education</i> (1993-1994)	15.8	17.5	17.7
Percent of <i>High School Dropouts</i> (Grades 9-12, 1993-1994)	3.8	3.3	4.7

HIT Internet Project (server.to/hit)

Health Information Tennessee (H.I.T.)

When the Tennessee Department of Health began its innovative Community Diagnosis Project in 1995, one of the first issues was the need for ready access to summary statistics and data tables at the local level. The goal was to support and enable 14 regional health councils representing all 95 counties to assess and prioritize community needs and plan for effective prevention and/or intervention. In conjunction with the data management and analysis activities for the Health Status Report, the Internet was the chosen medium for data and report dissemination.

The creation of HIT commenced in January 1997. HIT not only provides the usual assortment of previously calculated health and population statistics, but also utilizes a lesser-used Internet feature, Common gateway Interface (CGI). This innovative feature allows the user the opportunity to query various Tennessee health databases in such a way that personalized charts and tables can be produced upon demand. The requested information is calculated at the moment the query is submitted by a self-modifying SAS program residing on a server computer at The University of Tennessee, Knoxville. In this way, information can be presented in an infinitely flexible manner, statewide and substate comparisons can be made locally, and access can be widespread and multifocal.

Anyone with Internet capabilities can access the HIT site at server.to/hit.

If you have questions about the HIT Internet Project, you may want to contact the group responsible for the development of the HIT site. You may use the address provided below.

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